

<i>SERFF Tracking Number:</i>	<i>UNLI-125669457</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unified Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39160</i>
<i>Company Tracking Number:</i>	<i>1016</i>		
<i>TOI:</i>	<i>MS06 Medicare Supplement - Other</i>	<i>Sub-TOI:</i>	<i>MS06.000 Medicare Supplement - Other</i>
<i>Product Name:</i>	<i>2007 Med Supp Rate Refund and Benchmark Loss Ratio Report</i>		
<i>Project Name/Number:</i>	<i>2007 Med Supp Rate Refund and Benchmark Loss Ratio Report/</i>		

## Filing at a Glance

Company: Unified Life Insurance Company

Product Name: 2007 Med Supp Rate Refund and Benchmark Loss Ratio Report    SERFF Tr Num: UNLI-125669457    State: ArkansasLH

TOI: MS06 Medicare Supplement - Other    SERFF Status: Closed    State Tr Num: 39160

Sub-TOI: MS06.000 Medicare Supplement - Other    Co Tr Num: 1016    State Status: Filed-Closed

Filing Type: Form    Co Status:    Reviewer(s): Stephanie Fowler

Authors: Beth Dixon, Diane

Lauerman

Date Submitted: 05/30/2008    Disposition Status: Filed

Implementation Date Requested:    Implementation Date:

State Filing Description:

## General Information

Project Name: 2007 Med Supp Rate Refund and Benchmark Loss Ratio Report    Status of Filing in Domicile:

Project Number:    Date Approved in Domicile:

Requested Filing Mode:    Domicile Status Comments:

Explanation for Combination/Other:    Market Type:

Submission Type: New Submission    Group Market Size:

Overall Rate Impact:    Group Market Type:

Filing Status Changed: 06/02/2008

State Status Changed: 06/02/2008    Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

2007 Medicare Supplement Rate Refund and Benchmark Loss Ratio Report

## Company and Contact

*SERFF Tracking Number:* UNLI-125669457      *State:* Arkansas  
*Filing Company:* Unified Life Insurance Company      *State Tracking Number:* 39160  
*Company Tracking Number:* 1016  
*TOI:* MS06 Medicare Supplement - Other      *Sub-TOI:* MS06.000 Medicare Supplement - Other  
*Product Name:* 2007 Med Supp Rate Refund and Benchmark Loss Ratio Report  
*Project Name/Number:* 2007 Med Supp Rate Refund and Benchmark Loss Ratio Report/

### Filing Contact Information

Beth Dixon, Actuarial Services Director      bdixon@unifiedlife.com  
 7201 W 129th St      (913) 871-7321 [Phone]  
 Overland Park, KS 66213      (913) 871-7322[FAX]

### Filing Company Information

Unified Life Insurance Company	CoCode: 11121	State of Domicile: Texas
7201 W 129th	Group Code:	Company Type: Life and Health
Suite 300		
Overland Park, KS 66213	Group Name:	State ID Number:
(913) 871-7290 ext. [Phone]	FEIN Number: 43-1917728	
	-----	

### Filing Fees

Fee Required?      No  
 Retaliatory?      No  
 Fee Explanation:  
 Per Company:      No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Unified Life Insurance Company	\$0.00	05/30/2008	

*SERFF Tracking Number:* UNLI-125669457 *State:* Arkansas  
*Filing Company:* Unified Life Insurance Company *State Tracking Number:* 39160  
*Company Tracking Number:* 1016  
*TOI:* MS06 Medicare Supplement - Other *Sub-TOI:* MS06.000 Medicare Supplement - Other  
*Product Name:* 2007 Med Supp Rate Refund and Benchmark Loss Ratio Report  
*Project Name/Number:* 2007 Med Supp Rate Refund and Benchmark Loss Ratio Report/

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Filed	Stephanie Fowler	06/02/2008	06/02/2008

### Amendments

<b>Item</b>	<b>Schedule</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
2007 ULIC Med Sup Rate Refund and Benchmark Loss Ratio Report	Supporting Document	Beth Dixon	06/02/2008	06/02/2008

<i>SERFF Tracking Number:</i>	<i>UNLI-125669457</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unified Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39160</i>
<i>Company Tracking Number:</i>	<i>1016</i>		
<i>TOI:</i>	<i>MS06 Medicare Supplement - Other</i>	<i>Sub-TOI:</i>	<i>MS06.000 Medicare Supplement - Other</i>
<i>Product Name:</i>	<i>2007 Med Supp Rate Refund and Benchmark Loss Ratio Report</i>		
<i>Project Name/Number:</i>	<i>2007 Med Supp Rate Refund and Benchmark Loss Ratio Report/</i>		

## **Disposition**

Disposition Date: 06/02/2008

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: UNLI-125669457 State: Arkansas

Filing Company: Unified Life Insurance Company State Tracking Number: 39160

Company Tracking Number: 1016

TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other

Product Name: 2007 Med Supp Rate Refund and Benchmark Loss Ratio Report

Project Name/Number: 2007 Med Supp Rate Refund and Benchmark Loss Ratio Report/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		No
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document (revised)	2007 ULIC Med Sup Rate Refund and Benchmark Loss Ratio Report	Filed	No
Supporting Document	2007 ULIC Med Sup Rate Refund and Benchmark Loss Ratio Report		No

SERFF Tracking Number: UNLI-125669457 State: Arkansas  
Filing Company: Unified Life Insurance Company State Tracking Number: 39160  
Company Tracking Number: 1016  
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other  
Product Name: 2007 Med Supp Rate Refund and Benchmark Loss Ratio Report  
Project Name/Number: 2007 Med Supp Rate Refund and Benchmark Loss Ratio Report/

**Amendment Letter**

Amendment Date:

Submitted Date: 06/02/2008

**Comments:**

This is not a form or rate filing, for which filing fees may be required, but rather a report of Medicare Supplement Rate Refund and Benchmark Loss Ratio calculations. It is the Company's contention that filing fees are not required for report filings.

Thank you for your consideration of this information.

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: 2007 ULIC Med Sup Rate Refund and Benchmark Loss Ratio Report**

Comment: This is not a form or rate filing, for which filing fees may be required, but rather a report of Medicare Supplement Rate Refund and Benchmark Loss Ratio calculations. It is the Company's contention that filing fees are not required for report filings.

Thank you for your consideration of this information.

AR 2007 Med Sup Rate Refund Cover Ltr.pdf

AR 2007 PreStd Med Sup Rate Refund.pdf

AR 2007 Std Med Sup Rate Refund.pdf

<i>SERFF Tracking Number:</i>	<i>UNLI-125669457</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unified Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39160</i>
<i>Company Tracking Number:</i>	<i>1016</i>		
<i>TOI:</i>	<i>MS06 Medicare Supplement - Other</i>	<i>Sub-TOI:</i>	<i>MS06.000 Medicare Supplement - Other</i>
<i>Product Name:</i>	<i>2007 Med Supp Rate Refund and Benchmark Loss Ratio Report</i>		
<i>Project Name/Number:</i>	<i>2007 Med Supp Rate Refund and Benchmark Loss Ratio Report/</i>		

## **Rate Information**

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>UNLI-125669457</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unified Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39160</i>
<i>Company Tracking Number:</i>	<i>1016</i>		
<i>TOI:</i>	<i>MS06 Medicare Supplement - Other</i>	<i>Sub-TOI:</i>	<i>MS06.000 Medicare Supplement - Other</i>
<i>Product Name:</i>	<i>2007 Med Supp Rate Refund and Benchmark Loss Ratio Report</i>		
<i>Project Name/Number:</i>	<i>2007 Med Supp Rate Refund and Benchmark Loss Ratio Report/</i>		

## Supporting Document Schedules

	<b>Review Status:</b>	
<b>Bypassed -Name:</b>	Certification/Notice	05/28/2008
<b>Bypass Reason:</b>	N/A	
<b>Comments:</b>		

	<b>Review Status:</b>	
<b>Bypassed -Name:</b>	Application	05/28/2008
<b>Bypass Reason:</b>	N/A	
<b>Comments:</b>		

	<b>Review Status:</b>	
<b>Bypassed -Name:</b>	Health - Actuarial Justification	05/28/2008
<b>Bypass Reason:</b>	N/A	
<b>Comments:</b>		

	<b>Review Status:</b>	
<b>Bypassed -Name:</b>	Outline of Coverage	05/28/2008
<b>Bypass Reason:</b>	N/A	
<b>Comments:</b>		

	<b>Review Status:</b>	
<b>Satisfied -Name:</b>	2007 ULIC Med Sup Rate Refund and Benchmark Loss Ratio Report	06/02/2008

**Comments:**

This is not a form or rate filing, for which filing fees may be required, but rather a report of Medicare Supplement Rate Refund and Benchmark Loss Ratio calculations. It is the Company's contention that filing fees are not required for report filings.

Thank you for your consideration of this information.

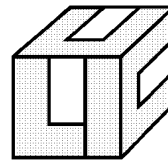
**Attachments:**

AR 2007 Med Sup Rate Refund Cover Ltr.pdf  
AR 2007 PreStd Med Sup Rate Refund.pdf



<i>SERFF Tracking Number:</i>	<i>UNLI-125669457</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unified Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39160</i>
<i>Company Tracking Number:</i>	<i>1016</i>		
<i>TOI:</i>	<i>MS06 Medicare Supplement - Other</i>	<i>Sub-TOI:</i>	<i>MS06.000 Medicare Supplement - Other</i>
<i>Product Name:</i>	<i>2007 Med Supp Rate Refund and Benchmark Loss Ratio Report</i>		
<i>Project Name/Number:</i>	<i>2007 Med Supp Rate Refund and Benchmark Loss Ratio Report/</i>		
<b>AR 2007 Std Med Sup Rate Refund.pdf</b>			





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**UNIFIED LIFE INSURANCE COMPANY**

P.O. Box 25326  
Overland Park, KS 66225-5326  
1-800-237-4463

May 29, 2008

Hon. Julie Benafield Bowman  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 West 3rd Street  
LittleRock, AR 72201-1904  
Attn: Rate and Form Analyst

Re: Unified Life Insurance Company; NAIC #11121  
Informational Reports - Individual Health Insurance  
2007 Medicare Supplement Refund Calculation Form, and  
2007 Reporting Form for the Calculation of Benchmark Ratio Since Inception

To Whom It May Concern:

Enclosed are the above referenced reporting forms as required by standardized Medicare supplement insurance legislation.

Please feel free to contact me if you have any questions or require additional information. My telephone number is (913) 871-7321. Thank you.

Sincerely,

Beth E. Dixon  
Actuarial Service Director  
e-mail: [bdixon@unifiedlife.com](mailto:bdixon@unifiedlife.com)

Enclosure

# **MEDICARE SUPPLEMENT REFUND CALCULATION FORM** **FOR CALENDAR YEAR 2007**

TYPE Individual  
 For the State of Arkansas  
 NAIC Group Code 0000  
 Address 7201 W. 129th Street, Suite 300, Overland Park, KS 66213  
 Title Consulting Actuary

SMSBP  
 Company Name  
 NAIC Company Code  
 Person Completing Exhibit  
 Telephone Number

P  
United Life Insurance Company  
11121  
D. Joeff Williams, FSA, MAAA  
336-759-0008

Line		Earned Premium	Incurred Claims
1.	Current Year's Experience		
a.	Total (all policy years)	50,565	33,316
b.	Current Year's Issues	0	0
c.	Net (for reporting purposes = 1a - 1b)	50,565	33,316
2.	Past Year's Experience (All Policy Years)	1,502,748	1,111,338
3.	Total Experience (Net Current Year + Past Year's Experience)	1,553,313	1,144,654
4.	Refunds Last Year (Excluding Interest)		0
5.	Previous Since Inception (Excluding Interest)		0
6.	Refunds Since Inception (Excluding Interest)		0
7.	Benchmark Ratio Since Inception (See Worksheet For Ratio 1)		63.46%
8.	Experienced Ratio Since Inception		73.69%
Total Actual Incurred Claims (Line 3, Col. b)			
Total Earned Premium (Line 3, Col. a) - Refunds Since Inception (Line 6)			= Ratio 2

9. Life Years Exposed Since Inception

If the Experienced Ratio is less than the Benchmark Ratio, and there are more than 500 life years exposure, then proceed to calculation of refund.

10. Tolerance Permitted (obtained from credibility table below)

Medicare Supplement Credibility Table	Life Years Exposed Since Inception	Tolerance
	10,000 +	0.0%
	5,000 - 9,999	5.0%
	2,500 - 4,999	7.5%
	1,000 - 2,499	10.0%
	500 - 999	15.0%

11. Adjustment to Incurred Claims for Credibility (Ratio 3 = Ratio 2 + Tolerance)

If Ratio 3 is more than the Benchmark Ratio (Ratio 1), a refund or credit to premium is not required.  
 If Ratio 3 is less more than the Benchmark Ratio (Ratio 1), then proceed.

12. Adjusted Incurred Claims (Total Earned Premiums (Line 3, Col a.) - Refunds Since Inception (Line 6)) X Ratio 3 (Line 11)  
 13. Refund (Total Earned Premiums (Line 3, Col a.) - Refunds Since Inception (Line 6) - [Adjusted Incurred Claims (Line 12) / Benchmark Ratio (Ratio 1)])

If the amount on line 13 is less than .005 times the annualized premium in force as of December 31 of the reporting year, then no refund is made. Otherwise, the amount on line 13 is to be refunded or credited, and a description of the refund and/or credit against premiums to be used must be attached to this form.

I certify that the above information and calculations are true and accurate to the best of my knowledge and belief.

Signature \_\_\_\_\_  
 Name D. Joeff Williams, FSA, MAAA  
 Title Consulting Actuary  
 Date May 30, 2008

1,377,651  
 0

88.69%

922

15.0%

73.69%  
 63.46%

**REPORTING FORM FOR THE CALCULATION OF BENCHMARK RATIO SINCE  
INCEPTION FOR INDIVIDUAL POLICIES FORM CALENDAR YEAR 2007**

TYPE  
For the State of  
NAIC Group Code  
Address  
Title

Individual  
Arkansas  
0000  
7201 W. 129th Street, Suite 300, Overland Park, KS 66213  
Consulting Actuary

SMSBP  
Company Name  
NAIC Company Code  
Person Completing Exhibit  
Telephone Number

P  
Unified Life Insurance Company  
11121  
D. Joelf Williams, FSA, MAAA  
336-759-0008

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Year	Earned Premium	Factor	(b)x(c)	Cumulative Loss Ratio	(d)x(e)	Factor	(b)x(g)	Cumulative Loss Ratio	(h)x(i)	Policy Year Loss Ratio
1	0	2.770	0	0.442	0	0.000	0	0.000	0	0.40
2	0	4.175	0	0.493	0	0.000	0	0.000	0	0.55
3	0	4.175	0	0.493	0	1.194	0	0.659	0	0.65
4	0	4.175	0	0.493	0	2.245	0	0.669	0	0.67
5	0	4.175	0	0.493	0	3.170	0	0.678	0	0.69
6	0	4.175	0	0.493	0	3.998	0	0.686	0	0.71
7	0	4.175	0	0.493	0	4.754	0	0.695	0	0.73
8	0	4.175	0	0.493	0	5.445	0	0.702	0	0.75
9	0	4.175	0	0.493	0	6.075	0	0.708	0	0.76
10	0	4.175	0	0.493	0	6.650	0	0.713	0	0.76
11	209,524	4.175	874,764	0.493	431,259	7.176	1,503,547	0.717	1,078,043	0.76
12	0	4.175	0	0.493	0	7.655	0	0.720	0	0.77
13	0	4.175	0	0.493	0	8.093	0	0.723	0	0.77
14	0	4.175	0	0.493	0	8.493	0	0.725	0	0.77
15	0	4.175	0	0.493	0	8.684	0	0.725	0	0.77
Total:		(K)	874,764	(J)	431,259	(m)	1,503,547	(n)	1,078,043	

Since Inception: (I+n)/(K+m):

63.46%

(a): Year 1 is the current calendar year - 1  
Year 2 is the current calendar year - 2  
(etc.)

(Example: If the current year is 1991, then;  
Year 1 is 1990; Year 2 is 1989; etc.)

(b): For the calendar year on the appropriate line in  
column (a), the premium earned during that year  
for policies issued in that year.

(c): These loss ratios are not explicitly used in computing the benchmark  
loss ratios. They are the loss ratios, on a policy year basis, which  
results in the cumulative loss ratios displayed on this worksheet.  
They are shown here for informational purposes only.

**MEDICARE SUPPLEMENT REFUND CALCULATION FORM  
FOR CALENDAR YEAR 2007**

TYPE Individual  
 For the State of Arkansas  
 NAIC Group Code 0000  
 Address 7201 W. 129th Street, Suite 300, Overland Park, KS 66213  
 Title Consulting Actuary

SMSBP  
 Company Name  
 NAIC Company Code  
 Person Completing Exhibit  
 Telephone Number

Plan B  
United Life Insurance Company  
11121  
D. Joelf Williams, FSA, MAAA  
336-759-0008

Line					
1. Current Year's Experience					
a. Total (all policy years)		9,261		8,998	
b. Current Year's Issues		0		0	
c. Net (for reporting purposes = 1a - 1b)		9,261		8,998	
2. Past Year's Experience (All Policy Years)		175,962		116,216	
3. Total Experience (Net Current Year + Past Year's Experience)		185,223		125,215	
4. Refunds Last Year (Excluding Interest)				0	
5. Previous Since Inception (Excluding Interest)				0	
6. Refunds Since Inception (Excluding Interest)				0	
7. Benchmark Ratio Since Inception (See Worksheet For Ratio 1)				62.57%	
8. Experienced Ratio Since Inception				67.60%	
	Total Actual Incurred Claims (Line 3, Col. b)				
					Ratio 2
	Total Earned Premium (Line 3, Col. a) - Refunds Since Inception (Line 6)				

9. Life Years Exposed Since Inception

If the Experienced Ratio is less than the Benchmark Ratio, and there are more than 500 life years exposure, then proceed to calculation of refund.

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10. Tolerance Permitted (obtained from credibility table below)

Not Credible

Medicare Supplement Credibility Table	Life Years Exposed Since Inception	Tolerance
	10,000 +	0.0%
	5,000 - 9,999	5.0%
	2,500 - 4,999	7.5%
	1,000 - 2,499	10.0%
	500 - 999	15.0%

11. Adjustment to Incurred Claims for Credibility (Ratio 3 = Ratio 2 + Tolerance)

NA

If Ratio 3 is more than the Benchmark Ratio (Ratio 1), a refund or credit to premium is not required.

If Ratio 3 is less more than the Benchmark Ratio (Ratio 1), then proceed.

12. Adjusted Incurred Claims (Total Earned Premiums (Line 3, Col a) - Refunds Since Inception (Line 6)) X Ratio 3 (Line 11)

NA

13. Refund (Total Earned Premiums (Line 3, Col a) - Refunds Since Inception (Line 6) - [Adjusted Incurred Claims (Line 12) / Benchmark Ratio (Ratio 1)])

NA

If the amount on line 13 is less than .005 times the annualized premium in force as of December 31 of the reporting year, then no refund is made. Otherwise, the amount on line 13 is to be refunded or credited, and a description of the refund and/or credit against premiums to be used must be attached to this form.

I certify that the above information and calculations are true and accurate to the best of my knowledge and belief.

Signature *D. Joelf Williams*  
 Name D. Joelf Williams, FSA, MAAA  
 Title Consulting Actuary  
 Date May 30, 2008

**REPORTING FORM FOR THE CALCULATION OF BENCHMARK RATIO SINCE  
INCEPTION FOR INDIVIDUAL POLICIES FORM CALENDAR YEAR 2007**

TYPE  
For the State of  
NAIC Group Code  
Address  
Title

Individual  
Arkansas  
0000  
7201 W. 129th Street, Suite 300, Overland Park, KS 66213  
Consulting Actuary

SMSBP  
Company Name  
NAIC Company Code  
Person Completing Exhibit  
Telephone Number

Plan B  
United Life Insurance Company  
11121  
D. Joelf Williams, FSA, MAAA  
336-759-0008

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Year	Earned Premium	Factor	(b)x(c)	Cumulative Loss Ratio	(d)x(e)	Factor	(b)x(g)	Cumulative Loss Ratio	(h)x(i)	Policy Year Loss Ratio
1	0	2.770	0	0.442	0	0.000	0	0.000	0	0.40
2	0	4.175	0	0.493	0	0.000	0	0.000	0	0.55
3	0	4.175	0	0.493	0	1.194	0	0.659	0	0.65
4	0	4.175	0	0.493	0	2.245	0	0.669	0	0.67
5	0	4.175	0	0.493	0	3.170	0	0.678	0	0.69
6	0	4.175	0	0.493	0	3.998	0	0.686	0	0.71
7	0	4.175	0	0.493	0	4.754	0	0.695	0	0.73
8	0	4.175	0	0.493	0	5.445	0	0.702	0	0.75
9	7,691	4.175	32,111	0.493	15,831	6.075	46,724	0.708	33,081	0.76
10	9,011	4.175	37,623	0.493	18,548	6.650	59,926	0.713	42,727	0.76
11	1,740	4.175	7,263	0.493	3,581	7.176	12,484	0.717	8,951	0.76
12	0	4.175	0	0.493	0	7.655	0	0.720	0	0.77
13	0	4.175	0	0.493	0	8.093	0	0.723	0	0.77
14	0	4.175	0	0.493	0	8.493	0	0.725	0	0.77
15	0	4.175	0	0.493	0	8.684	0	0.725	0	0.77
Total:		(K)	76,997	(L)	37,959	(m)	119,134	(n)	84,759	

Since Inception: (l+n)/(k+m):

62.57%

(a): Year 1 is the current calendar year - 1  
Year 2 is the current calendar year - 2  
(etc.)  
(Example: If the current year is 1991, then,  
Year 1 is 1990; Year 2 is 1989; etc.)

(b): For the calendar year on the appropriate line in  
column (a), the premium earned during that year  
for policies issued in that year.

(o): These loss ratios are not explicitly used in computing the benchmark  
loss ratios. They are the loss ratios, on a policy year basis, which  
results in the cumulative loss ratios displayed on this worksheet.  
They are shown here for informational purposes only.

**MEDICARE SUPPLEMENT REFUND CALCULATION FORM  
FOR CALENDAR YEAR 2007**

**TYPE**  
For the State of Arkansas  
NAIC Group Code 0000  
Address 7201 W. 129th Street, Suite 300, Overland Park, KS 66213  
Title Consulting Actuary

**SMSBP**  
Company Name  
NAIC Company Code  
Person Completing Exhibit  
Telephone Number

**Plan C**  
Unified Life Insurance Company  
11121  
D. Joelf Williams, FSA, MAAA  
336-759-0008

**Line**

1. Current Year's Experience
  - a. Total (all policy years) 1,475
  - b. Current Year's Issues 0
  - c. Net (for reporting purposes = 1a - 1b) 1,475
2. Past Year's Experience (All Policy Years) 19,265
3. Total Experience (Net Current Year + Past Year's Experience) 20,740
4. Refunds Last Year (Excluding Interest) 0
5. Previous Since Inception (Excluding Interest) 0
6. Refunds Since Inception (Excluding Interest) 0
7. Benchmark Ratio Since Inception (See Worksheet For Ratio 1) 63.14%
8. Experienced Ratio Since Inception 67.61%

Total Actual Incurred Claims (Line 3, Col. b)  
-----  
Total Earned Premium (Line 3, Col. a) - Refunds Since Inception (Line 6)  
= Ratio 2

9. Life Years Exposed Since Inception 14

If the Experienced Ratio is less than the Benchmark Ratio, and there are more than 500 life years exposure, then proceed to calculation of refund.

10. Tolerance Permitted (obtained from credibility table below) Not Credible

Medicare Supplement Credibility Table	Life Years Exposed Since Inception	Tolerance
	10,000 +	0.0%
	5,000 - 9,999	5.0%
	2,500 - 4,999	7.5%
	1,000 - 2,499	10.0%
	500 - 999	15.0%

11. Adjustment to Incurred Claims for Credibility (Ratio 3 = Ratio 2 + Tolerance) NA

If Ratio 3 is more than the Benchmark Ratio (Ratio 1), a refund or credit to premium is not required.

If Ratio 3 is less more than the Benchmark Ratio (Ratio 1), then proceed.

12. Adjusted Incurred Claims (Total Earned Premiums (Line 3, Col a.) - Refunds Since Inception (Line 6)) X Ratio 3 (Line 11) NA

13. Refund (Total Earned Premiums (Line 3, Col a.) - Refunds Since Inception (Line 6) - [Adjusted Incurred Claims (Line 12) / Benchmark Ratio (Ratio 1)]) NA

If the amount on line 13 is less than .005 times the annualized premium in force as of December 31 of the reporting year, then no refund is made. Otherwise, the amount on line 13 is to be refunded or credited, and a description of the refund and/or credit against premiums to be used must be attached to this form.

I certify that the above information and calculations are true and accurate to the best of my knowledge and belief.

Signature *D. Joelf Williams*  
Name D. Joelf Williams, FSA, MAAA  
Title Consulting Actuary  
Date May 30, 2008



**REPORTING FORM FOR THE CALCULATION OF BENCHMARK RATIO SINCE  
INCEPTION FOR INDIVIDUAL POLICIES FORM CALENDAR YEAR 2007**

TYPE  
For the State of  
NAIC Group Code  
Address  
Title

Individual  
Arkansas  
0000  
7201 W. 129th Street, Suite 300, Overland Park, KS 66213  
Consulting Actuary

SMSBP  
Company Name  
NAIC Company Code  
Person Completing Exhibit  
Telephone Number

Plan C  
Unified Life Insurance Company  
11121  
D. Joelf Williams, FSA, MAAA  
336-759-0008

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Year	Earned Premium	Factor	(b)x(c)	Cumulative Loss Ratio	(d)x(e)	Factor	(b)x(g)	Cumulative Loss Ratio	(h)x(i)	Policy Year Loss Ratio
1	0	2.770	0	0.442	0	0.000	0	0.000	0	0.40
2	0	4.175	0	0.493	0	0.000	0	0.000	0	0.55
3	0	4.175	0	0.493	0	1.194	0	0.659	0	0.65
4	0	4.175	0	0.493	0	2.245	0	0.669	0	0.67
5	0	4.175	0	0.493	0	3.170	0	0.678	0	0.69
6	0	4.175	0	0.493	0	3.998	0	0.686	0	0.71
7	0	4.175	0	0.493	0	4.754	0	0.695	0	0.73
8	0	4.175	0	0.493	0	5.445	0	0.702	0	0.75
9	0	4.175	0	0.493	0	6.075	0	0.708	0	0.76
10	964	4.175	4,024	0.493	1,984	6,650	6,410	0.713	4,570	0.76
11	923	4.175	3,855	0.493	1,900	7,176	6,625	0.717	4,750	0.76
12	0	4.175	0	0.493	0	7,655	0	0.720	0	0.77
13	0	4.175	0	0.493	0	8,093	0	0.723	0	0.77
14	0	4.175	0	0.493	0	8,493	0	0.725	0	0.77
15	0	4.175	0	0.493	0	8,684	0	0.725	0	0.77
Total:		(K)	7,879	(J)	3,884	(m)	13,035	(n)	9,321	

Since Inception: (l+n)/(k+m):

63.14%

(a): Year 1 is the current calendar year - 1  
Year 2 is the current calendar year - 2  
(etc.)  
(Example: If the current year is 1991, then;  
Year 1 is 1990; Year 2 is 1989; etc.)

(b): For the calendar year on the appropriate line in  
column (a), the premium earned during that year  
for policies issued in that year.

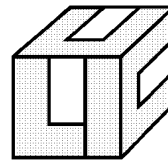
(o): These loss ratios are not explicitly used in computing the benchmark  
loss ratios. They are the loss ratios, on a policy year basis, which  
results in the cumulative loss ratios displayed on this worksheet.  
They are shown here for informational purposes only.

<i>SERFF Tracking Number:</i>	<i>UNLI-125669457</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unified Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39160</i>
<i>Company Tracking Number:</i>	<i>1016</i>		
<i>TOI:</i>	<i>MS06 Medicare Supplement - Other</i>	<i>Sub-TOI:</i>	<i>MS06.000 Medicare Supplement - Other</i>
<i>Product Name:</i>	<i>2007 Med Supp Rate Refund and Benchmark Loss Ratio Report</i>		
<i>Project Name/Number:</i>	<i>2007 Med Supp Rate Refund and Benchmark Loss Ratio Report/</i>		

## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Supporting Document	2007 ULIC Med Sup Rate Refund and Benchmark Loss Ratio Report	05/29/2008	AR 2007 Med Sup Rate Refund Cover Ltr.pdf AR 2007 PreStd Med Sup Rate Refund.pdf AR 2007 Std Med Sup Rate Refund.pdf



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**UNIFIED LIFE INSURANCE COMPANY**

P.O. Box 25326  
Overland Park, KS 66225-5326  
1-800-237-4463

May 29, 2008

Hon. Julie Benafield Bowman  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 West 3rd Street  
LittleRock, AR 72201-1904  
Attn: Rate and Form Analyst

Re: Unified Life Insurance Company; NAIC #11121  
Informational Reports - Individual Health Insurance  
2007 Medicare Supplement Refund Calculation Form, and  
2007 Reporting Form for the Calculation of Benchmark Ratio Since Inception

To Whom It May Concern:

Enclosed are the above referenced reporting forms as required by standardized Medicare supplement insurance legislation.

Please feel free to contact me if you have any questions or require additional information. My telephone number is (913) 871-7321. Thank you.

Sincerely,

Beth E. Dixon  
Actuarial Service Director  
e-mail: [bdixon@unifiedlife.com](mailto:bdixon@unifiedlife.com)

Enclosure

# **MEDICARE SUPPLEMENT REFUND CALCULATION FORM** **FOR CALENDAR YEAR 2007**

TYPE Individual  
 For the State of Arkansas  
 NAIC Group Code 0000  
 Address 7201 W. 129th Street, Suite 300, Overland Park, KS 66213  
 Title Consulting Actuary

SMSBP  
 Company Name  
 NAIC Company Code  
 Person Completing Exhibit  
 Telephone Number

P  
United Life Insurance Company  
11121  
D. Joeff Williams, FSA, MAAA  
336-759-0008

Line		Earned Premium	Incurred Claims
1.	Current Year's Experience		
a.	Total (all policy years)	50,565	33,316
b.	Current Year's Issues	0	0
c.	Net (for reporting purposes = 1a - 1b)	50,565	33,316
2.	Past Year's Experience (All Policy Years)	1,502,748	1,111,338
3.	Total Experience (Net Current Year + Past Year's Experience)	1,553,313	1,144,654
4.	Refunds Last Year (Excluding Interest)		0
5.	Previous Since Inception (Excluding Interest)		0
6.	Refunds Since Inception (Excluding Interest)		0
7.	Benchmark Ratio Since Inception (See Worksheet For Ratio 1)		63.46%
8.	Experienced Ratio Since Inception		73.69%
Total Actual Incurred Claims (Line 3, Col. b)			
Total Earned Premium (Line 3, Col. a) - Refunds Since Inception (Line 6)			= Ratio 2

9. Life Years Exposed Since Inception

If the Experienced Ratio is less than the Benchmark Ratio, and there are more than 500 life years exposure, then proceed to calculation of refund.

10. Tolerance Permitted (obtained from credibility table below)

Medicare Supplement Credibility Table	Life Years Exposed Since Inception	Tolerance
	10,000 +	0.0%
	5,000 - 9,999	5.0%
	2,500 - 4,999	7.5%
	1,000 - 2,499	10.0%
	500 - 999	15.0%

11. Adjustment to Incurred Claims for Credibility (Ratio 3 = Ratio 2 + Tolerance)

If Ratio 3 is more than the Benchmark Ratio (Ratio 1), a refund or credit to premium is not required.  
 If Ratio 3 is less more than the Benchmark Ratio (Ratio 1), then proceed.

12. Adjusted Incurred Claims (Total Earned Premiums (Line 3, Col a.) - Refunds Since Inception (Line 6)) X Ratio 3 (Line 11)  
 1.377651

13. Refund (Total Earned Premiums (Line 3, Col a.) - Refunds Since Inception (Line 6) - [Adjusted Incurred Claims (Line 12) / Benchmark Ratio (Ratio 1)])  
 0

If the amount on line 13 is less than .005 times the annualized premium in force as of December 31 of the reporting year, then no refund is made. Otherwise, the amount on line 13 is to be refunded or credited, and a description of the refund and/or credit against premiums to be used must be attached to this form.

I certify that the above information and calculations are true and accurate to the best of my knowledge and belief.

Signature \_\_\_\_\_  
 Name D. Joeff Williams, FSA, MAAA  
 Title Consulting Actuary  
 Date May 30, 2008

**REPORTING FORM FOR THE CALCULATION OF BENCHMARK RATIO SINCE  
INCEPTION FOR INDIVIDUAL POLICIES FORM CALENDAR YEAR 2007**

TYPE  
For the State of  
NAIC Group Code  
Address  
Title

Individual  
Arkansas  
0000  
7201 W. 129th Street, Suite 300, Overland Park, KS 66213  
Consulting Actuary

SMSBP  
Company Name  
NAIC Company Code  
Person Completing Exhibit  
Telephone Number

P  
Unified Life Insurance Company  
11121  
D. Joelf Williams, FSA, MAAA  
336-759-0008

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Year	Earned Premium	Factor	(b)x(c)	Cumulative Loss Ratio	(d)x(e)	Factor	(b)x(g)	Cumulative Loss Ratio	(h)x(i)	Policy Year Loss Ratio
1	0	2.770	0	0.442	0	0.000	0	0.000	0	0.40
2	0	4.175	0	0.493	0	0.000	0	0.000	0	0.55
3	0	4.175	0	0.493	0	1.194	0	0.659	0	0.65
4	0	4.175	0	0.493	0	2.245	0	0.669	0	0.67
5	0	4.175	0	0.493	0	3.170	0	0.678	0	0.69
6	0	4.175	0	0.493	0	3.998	0	0.686	0	0.71
7	0	4.175	0	0.493	0	4.754	0	0.695	0	0.73
8	0	4.175	0	0.493	0	5.445	0	0.702	0	0.75
9	0	4.175	0	0.493	0	6.075	0	0.708	0	0.76
10	0	4.175	0	0.493	0	6.650	0	0.713	0	0.76
11	209,524	4.175	874,764	0.493	431,259	7.176	1,503,547	0.717	1,078,043	0.76
12	0	4.175	0	0.493	0	7.655	0	0.720	0	0.77
13	0	4.175	0	0.493	0	8.093	0	0.723	0	0.77
14	0	4.175	0	0.493	0	8.493	0	0.725	0	0.77
15	0	4.175	0	0.493	0	8.684	0	0.725	0	0.77
Total:		(K)	874,764	(J)	431,259	(m)	1,503,547	(n)	1,078,043	

Since Inception: (I+n)/(K+m):

63.46%

(a): Year 1 is the current calendar year - 1  
Year 2 is the current calendar year - 2  
(etc.)

(Example: If the current year is 1991, then;  
Year 1 is 1990; Year 2 is 1989; etc.)

(b): For the calendar year on the appropriate line in  
column (a), the premium earned during that year  
for policies issued in that year.

(c): These loss ratios are not explicitly used in computing the benchmark  
loss ratios. They are the loss ratios, on a policy year basis, which  
results in the cumulative loss ratios displayed on this worksheet.  
They are shown here for informational purposes only.

**MEDICARE SUPPLEMENT REFUND CALCULATION FORM  
FOR CALENDAR YEAR 2007**

TYPE Individual  
 For the State of Arkansas  
 NAIC Group Code 0000  
 Address 7201 W. 129th Street, Suite 300, Overland Park, KS 66213  
 Title Consulting Actuary

SMSBP  
 Company Name  
 NAIC Company Code  
 Person Completing Exhibit  
 Telephone Number

Plan B  
United Life Insurance Company  
11121  
D. Joelf Williams, FSA, MAAA  
336-759-0008

Line		Earned Premium	Incurred Claims
1. Current Year's Experience			
a. Total (all policy years)		9,261	8,998
b. Current Year's Issues		0	0
c. Net (for reporting purposes = 1a - 1b)		9,261	8,998
2. Past Year's Experience (All Policy Years)		175,962	116,216
3. Total Experience (Net Current Year + Past Year's Experience)		185,223	125,215
4. Refunds Last Year (Excluding Interest)			0
5. Previous Since Inception (Excluding Interest)			0
6. Refunds Since Inception (Excluding Interest)			0
7. Benchmark Ratio Since Inception (See Worksheet For Ratio 1)			62.57%
8. Experienced Ratio Since Inception			67.60%
Total Actual Incurred Claims (Line 3, Col. b)			
Total Earned Premium (Line 3, Col. a) - Refunds Since Inception (Line 6)			
= Ratio 2			

9. Life Years Exposed Since Inception

If the Experienced Ratio is less than the Benchmark Ratio, and there are more than 500 life years exposure, then proceed to calculation of refund.

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10. Tolerance Permitted (obtained from credibility table below)

Not Credible

Medicare Supplement Credibility Table	Life Years Exposed Since Inception	Tolerance
	10,000 +	0.0%
	5,000 - 9,999	5.0%
	2,500 - 4,999	7.5%
	1,000 - 2,499	10.0%
	500 - 999	15.0%

11. Adjustment to Incurred Claims for Credibility (Ratio 3 = Ratio 2 + Tolerance)

NA

If Ratio 3 is more than the Benchmark Ratio (Ratio 1), a refund or credit to premium is not required.

If Ratio 3 is less more than the Benchmark Ratio (Ratio 1), then proceed.

12. Adjusted Incurred Claims (Total Earned Premiums (Line 3, Col. a) - Refunds Since Inception (Line 6)) X Ratio 3 (Line 11)

NA

13. Refund (Total Earned Premiums (Line 3, Col. a) - Refunds Since Inception (Line 6) - [Adjusted Incurred Claims (Line 12) / Benchmark Ratio (Ratio 1)])

NA

If the amount on line 13 is less than .005 times the annualized premium in force as of December 31 of the reporting year, then no refund is made. Otherwise, the amount on line 13 is to be refunded or credited, and a description of the refund and/or credit against premiums to be used must be attached to this form.

I certify that the above information and calculations are true and accurate to the best of my knowledge and belief.

Signature *D. Joelf Williams*  
 Name D. Joelf Williams, FSA, MAAA  
 Title Consulting Actuary  
 Date May 30, 2008

**REPORTING FORM FOR THE CALCULATION OF BENCHMARK RATIO SINCE  
INCEPTION FOR INDIVIDUAL POLICIES FORM CALENDAR YEAR 2007**

TYPE  
For the State of  
NAIC Group Code  
Address  
Title

Individual  
Arkansas  
0000  
7201 W. 129th Street, Suite 300, Overland Park, KS 66213  
Consulting Actuary

SMSBP  
Company Name  
NAIC Company Code  
Person Completing Exhibit  
Telephone Number

Plan B  
Unified Life Insurance Company  
11121  
D. Joelf Williams, FSA, MAAA  
336-759-0008

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Year	Earned Premium	Factor	(b)x(c)	Cumulative Loss Ratio	(d)x(e)	Factor	(b)x(g)	Cumulative Loss Ratio	(h)x(i)	Policy Year Loss Ratio
1	0	2.770	0	0.442	0	0.000	0	0.000	0	0.40
2	0	4.175	0	0.493	0	0.000	0	0.000	0	0.55
3	0	4.175	0	0.493	0	1.194	0	0.659	0	0.65
4	0	4.175	0	0.493	0	2.245	0	0.669	0	0.67
5	0	4.175	0	0.493	0	3.170	0	0.678	0	0.69
6	0	4.175	0	0.493	0	3.998	0	0.686	0	0.71
7	0	4.175	0	0.493	0	4.754	0	0.695	0	0.73
8	0	4.175	0	0.493	0	5.445	0	0.702	0	0.75
9	7,691	4.175	32,111	0.493	15,831	6.075	46,724	0.708	33,081	0.76
10	9,011	4.175	37,623	0.493	18,548	6.650	59,926	0.713	42,727	0.76
11	1,740	4.175	7,263	0.493	3,581	7.176	12,484	0.717	8,951	0.76
12	0	4.175	0	0.493	0	7.655	0	0.720	0	0.77
13	0	4.175	0	0.493	0	8.093	0	0.723	0	0.77
14	0	4.175	0	0.493	0	8.493	0	0.725	0	0.77
15	0	4.175	0	0.493	0	8.684	0	0.725	0	0.77
Total:		(K)	76,997	(L)	37,959	(m)	119,134	(n)	84,759	

Since Inception: (l+n)/(k+m):

62.57%

(a): Year 1 is the current calendar year - 1  
Year 2 is the current calendar year - 2  
(etc.)  
(Example: If the current year is 1991, then,  
Year 1 is 1990; Year 2 is 1989; etc.)

(b): For the calendar year on the appropriate line in  
column (a), the premium earned during that year  
for policies issued in that year.

(o): These loss ratios are not explicitly used in computing the benchmark  
loss ratios. They are the loss ratios, on a policy year basis, which  
results in the cumulative loss ratios displayed on this worksheet.  
They are shown here for informational purposes only.

# **MEDICARE SUPPLEMENT REFUND CALCULATION FORM** **FOR CALENDAR YEAR 2007**

**TYPE**  
For the State of  
NAIC Group Code  
Address  
Title

**Individual**  
Arkansas  
0000  
7201 W. 129th Street, Suite 300, Overland Park, KS 66213  
Consulting Actuary

**SMSBP**  
Company Name  
NAIC Company Code  
Person Completing Exhibit  
Telephone Number

**Plan C**  
Unified Life Insurance Company  
11121  
D. Jeff Williams, FSA, MAAA  
336-759-0008

**Line**

1. Current Year's Experience
  - a. Total (all policy years)
  - b. Current Year's Issues
  - c. Net (for reporting purposes = 1a - 1b)
2. Past Year's Experience (All Policy Years)
3. Total Experience (Net Current Year + Past Year's Experience)
4. Refunds Last Year (Excluding Interest)
5. Previous Since Inception (Excluding Interest)
6. Refunds Since Inception (Excluding Interest)
7. Benchmark Ratio Since Inception (See Worksheet For Ratio 1)
8. Experienced Ratio Since Inception

Total Actual Incurred Claims (Line 3, Col. b)  
-----  
Total Earned Premium (Line 3, Col. a) - Refunds Since Inception (Line 6)  
= Ratio 2

9. Life Years Exposed Since Inception 14

If the Experienced Ratio is less than the Benchmark Ratio, and there are more than 500 life years exposure, then proceed to calculation of refund.

10. Tolerance Permitted (obtained from credibility table below) Not Credible

Medicare Supplement Credibility Table	Life Years Exposed Since Inception	Tolerance
	10,000 +	0.0%
	5,000 - 9,999	5.0%
	2,500 - 4,999	7.5%
	1,000 - 2,499	10.0%
	500 - 999	15.0%

11. Adjustment to Incurred Claims for Credibility (Ratio 3 = Ratio 2 + Tolerance) NA

If Ratio 3 is more than the Benchmark Ratio (Ratio 1), a refund or credit to premium is not required.

If Ratio 3 is less more than the Benchmark Ratio (Ratio 1), then proceed.

12. Adjusted Incurred Claims (Total Earned Premiums (Line 3, Col a.) - Refunds Since Inception (Line 6)) X Ratio 3 (Line 11) NA

13. Refund (Total Earned Premiums (Line 3, Col a.) - Refunds Since Inception (Line 6) - [Adjusted Incurred Claims (Line 12) / Benchmark Ratio (Ratio 1)]) NA

If the amount on line 13 is less than .005 times the annualized premium in force as of December 31 of the reporting year, then no refund is made. Otherwise, the amount on line 13 is to be refunded or credited, and a description of the refund and/or credit against premiums to be used must be attached to this form.

I certify that the above information and calculations are true and accurate to the best of my knowledge and belief.

Signature  
Name  
Title  
Date

*D. Jeff Williams*  
D. Jeff Williams, FSA, MAAA  
Consulting Actuary  
May 30, 2008



**REPORTING FORM FOR THE CALCULATION OF BENCHMARK RATIO SINCE  
INCEPTION FOR INDIVIDUAL POLICIES FORM CALENDAR YEAR 2007**

TYPE  
For the State of  
NAIC Group Code  
Address  
Title

Individual  
Arkansas  
0000  
7201 W. 129th Street, Suite 300, Overland Park, KS 66213  
Consulting Actuary

SMSBP  
Company Name  
NAIC Company Code  
Person Completing Exhibit  
Telephone Number

Plan C  
Unified Life Insurance Company  
11121  
D. Joelf Williams, FSA, MAAA  
336-759-0008

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Year	Earned Premium	Factor	(b)x(c)	Cumulative Loss Ratio	(d)x(e)	Factor	(b)x(g)	Cumulative Loss Ratio	(h)x(i)	Policy Year Loss Ratio
1	0	2.770	0	0.442	0	0.000	0	0.000	0	0.40
2	0	4.175	0	0.493	0	0.000	0	0.000	0	0.55
3	0	4.175	0	0.493	0	1.194	0	0.659	0	0.65
4	0	4.175	0	0.493	0	2.245	0	0.669	0	0.67
5	0	4.175	0	0.493	0	3.170	0	0.678	0	0.69
6	0	4.175	0	0.493	0	3.998	0	0.686	0	0.71
7	0	4.175	0	0.493	0	4.754	0	0.695	0	0.73
8	0	4.175	0	0.493	0	5.445	0	0.702	0	0.75
9	0	4.175	0	0.493	0	6.075	0	0.708	0	0.76
10	964	4.175	4,024	0.493	1,984	6,650	6,410	0.713	4,570	0.76
11	923	4.175	3,855	0.493	1,900	7,176	6,625	0.717	4,750	0.76
12	0	4.175	0	0.493	0	7,655	0	0.720	0	0.77
13	0	4.175	0	0.493	0	8,093	0	0.723	0	0.77
14	0	4.175	0	0.493	0	8,493	0	0.725	0	0.77
15	0	4.175	0	0.493	0	8,684	0	0.725	0	0.77
Total:		(K)	7,879	(J)	3,884	(m)	13,035	(n)	9,321	

Since Inception: (l+n)/(k+m):

63.14%

(a): Year 1 is the current calendar year - 1  
Year 2 is the current calendar year - 2  
(etc.)  
(Example: If the current year is 1991, then;  
Year 1 is 1990; Year 2 is 1989; etc.)

(b): For the calendar year on the appropriate line in  
column (a), the premium earned during that year  
for policies issued in that year.

(o): These loss ratios are not explicitly used in computing the benchmark  
loss ratios. They are the loss ratios, on a policy year basis, which  
results in the cumulative loss ratios displayed on this worksheet.  
They are shown here for informational purposes only.